ENTRY BLANK Entered previous May Show PLEASE TYPE OR PRINT Ms. Mr. Artist LOUAN NE HeadowbRook 932. Area Code **Temporary** Address City Street Tel. (Area Code Zip Permanent address is in what county? Born in Cuyahoga County Yes No Collaborator ____ (If Any) If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries. Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Laurne Fasdon

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1974 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	Louanne Lasdon
Address	4059 Headowforok
City & State	Cliveland O. zip 44/18

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

Service Entrance n. to 4:30 p.m., Mc Pick Up of Objects

Rejected objects April 12 through April 27

Accepted objects June 17 through June 2

ACCEPTANCE OR REJECTION NOTICE
This is your only receipt to claim your object(s). This notification will be mailed to you following judging. DO NOT DETACH
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Medium or Materials
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